



STATE OF RHODE ISLAND

Board of Examination and Registration of Architects

1 Capitol Hill, 3rd. Floor

Providence, RI 02908

(401) 222-2565 Fax: (401) 222-5744

www.bdp.state.ri.us

ARCHITECT LICENSE BIENNIAL RENEWAL APPLICATION

- Renewal Expiration Date: 12/31/03
 - Renewal Fee: \$100. Late Fee: \$100
 - Indicate registration number on check.
- Make checks payable to: Treasurer, State of RI

☐

Yes, I want to renew.

☐

No, I do not want to renew. Enclosed is my stamp and/or seal pursuant to RI General Laws 5-1-12(b).

☐

Requesting Emeritus Status

It is your responsibility to keep the Board apprised of all address and phone number changes.

R.I. ARCH LICENSE # _____

Name:

Address:

Change of address: (If Applicable)

Phone number: (____) _____

Email address: _____

Name and Address of Firm or Employer:

Phone number: (____) _____

Email address: _____

I HAVE SATISFIED CONTINUING EDUCATION REQUIREMENTS FOR CALENDAR YEARS FOR 2002 AND 2003.

YES ☐

NO ☐

Have you ever been the subject of a formal or informal hearing or inquiry, complaint, or disciplinary action related to your license to practice architecture in any state since your last renewal?

YES ☐

NO ☐

If yes, please briefly explain and indicate the jurisdiction.

RENEWALS RECEIVED AFTER DECEMBER 31 SUBJECT TO PENALTY - Payment must be postmarked by December 31st, otherwise your registration will be considered expired. Before practicing or offering to practice architecture in this State, expired registrants must pay a penalty fee of \$100. plus \$50. per year, or part thereof, from year of expiration. Should you wish to allow your registration to lapse, you must return your Rhode Island Architect Stamp.

Registration shall be effective only from and after receipt by the Board of all such amounts as may be due.

I have read carefully the questions in this application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license in the State of Rhode Island. I understand that this is a continuing application and that I have an affirmative duty to inform the Board of Examination and Registration of Architects of any change in the answers to these questions after this application is signed.

Signature of Applicant: _____

Date: _____